Thus, the measurement of overall cerebral functions can provide general information about disease, but is a seriously limited approach.

Regional cerebral studies are, at present, almost entirely limited to experimental animals; but such studies may be clinically relevant. The following is an example: Hepatic, or portal-systemic, encephalopathy is a disorder in which dementia may be prominent, and in which there is also a reduction of CBF and $CMRO_2$. Studies of cerebral high-energy phosphates during experimental ammonia intoxication[5] (a reasonable model for the clinical disorder) have revealed a selective decrease in both adenosine triphosphate and phosphocreatine in basal areas of the brain. These findings correlate well with the clinical syndrome of hepatic encephalopathy, which has features referable to basal ganglia dysfunction. The point is, of course, that the biochemical mechanisms of cerebral dysfunction are likely to be compartmentalized, and this kind of approach to other experimental models of neurological disorders is needed.

Finally, a word about the heterogeneity of the dementias. Korsakoff's psychosis is clinically manifest by a disturbance, often profound, of retentive memory, with all other components of mentation practically intact; confabulation, inconsistently present, appears to be a reaction to this mnemonic failure. Patients with Korsakoff's psychosis may attain a normal score on tests of intelligence, provided they can keep the problems in mind long enough to formulate an answer. Certainly this disorder is as different from Alzheimer's disease as the settings in which the two disorders arise. For the purpose of arriving at a correct bedside diagnosis, it is useful to lump together the dementing disorders. On the other hand, it appears likely that progress in the basic clarification of these conditions will be made by considering them quite separately.

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Bridging the Generation Gap—A Progress Note

ALMOST A YEAR AGO a new program "Bridging the Generation Gap" was launched through these columns. A progress report now seems in order. The purpose was to strengthen communication and understanding between the student and practicing generations of California physicians. The instrumentality to accomplish this was a subscription to CALIFORNIA MEDICINE bought for a medical student by a practicing physician. The recipient could be a medical student known to the doctor or one whose name was picked at random. In either case the names of the donor and donee were each made known to the other.

There was a considerable response and a considerable number of person-to-person bridges were established. There is no question that this personal interest was appreciated by those students lucky enough to be the beneficiaries. "Bridging the Generation Gap" also caught the imagination of the Woman's Auxiliary, which has made $1,200 available to the Council through the California Medical Education and Research Foundation (CMERF) for this purpose. And at its last meeting the Council voted to establish a special rate of four dollars for a student subscription to CALIFORNIA MEDICINE, which doubles the reach of the program.

The overall result will be that something less than 600 students in California's eight medical schools, or about one-fifth of their aggregate student body, will have been reached. Experience indicates that most medical students are surprisingly uninformed or misinformed about many of the worthwhile accomplishments and goals of the practicing profession they are soon to join, as are many practitioners about the ideals, accomplishments and goals of today's students who will very soon be of the profession.

As in medical practice itself, the approach must be personalized. Why not build yourself a bridge, or a number of bridges, across the generation gap in medicine?